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Characteristics of perinatal HIV-infected adolescents at Siriraj Hospital, Mahidol University

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Background: Perinatal HIV-infected children survive and live close to normal life from the effect of highly active antiretroviral therapy (HAART). The information of these grown-up children and adolescents in Thailand has been limited. Objectives: To describe the demographic, HIV-related health status, and social characteristics of perinatal HIV-infected adolescents at Siriraj Hospital, Mahidol University.

Methods: This is a cross-sectional descriptive analysis of demographic, CD4, HIV-RNA, antiretroviral therapy (ART), education, and living status of adolescents, ages 12-18 years old who were follow-up at Siriraj hospital. Data were collected from medical record in January 2010.

Results: Of the 81 adolescents, mean age 14.7 years, 41 (50.6%) were female. Fifty four (66.7%) were living with biological father and/or mother, 22 (27.2%) living with relatives, and 5 (6.2%) living in foster families. Ninety-eight percent were attending regular school, while 2.5% had left school. By self report, 32 (39.5%) were sexually active. Of the 81 adolescents with medical information available, 69 (85.2%) had HIV RNA < 40 copies/mL, and 78 (96.3%) had CD4 > 200 cells/mm3. Forty-one (50.6%) were receiving protease inhibitor-based regimens, 38 (46.9%) receiving non nucleoside reverse transcriptase inhibitor-based regimens, and 2 (2.5%) receiving lamivudine monotherapy holding regimen, mostly from poor adherence.

Conclusion: Perinatal HIV-infected adolescents in Bangkok were in good immunologic status but a quarter had virologic failure. Social and education supports should be included in comprehensive care to improve the outcomes.

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Hepatotoxicity of antiretrovirals in patients with human immunodeficiency virus and viral hepatitis coinfections

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Background: Antiretroviral drugs used to treat HIV may cause hepatotoxicity. The high prevalence of persons with chronic hepatitis B or C coinfected, raised aminotransferses have many causes and neither specific markers is a indicator of liver injury, difficulties in interpreting the hepatotoxicity. Objective: We evaluated hepatotoxicity in HIV/HVC and/or HBV coinfected patients, risk factors and severity.

Methods: Prospective study of HIV-1 patients with start HAART in Hospital Provincial del Centenario from Rosario, Argentina. Patients were classified into two groups, VHC and/or HVB coinfected vs. no coinfected. The major endpoint was hepatotoxicity defined as Benichou's Score within de first 6 months. This score is among the few validated, but little used in clinical practice. Secondary endpoints were risk factors and severity of hepatotoxicity.

Results: 140 patients were included, 39% coinfected and 61% no coinfected. Female were similary in both groups 21% and 27% respectively. The hepatotoxicity within the first 6 month was 44.3%, 75% in coinfected patients and 25% in no coinfected. RR 3.97 (IC95% confidence interval 2.34-6.75, $p < 0.0001$). The hepatotoxicity was associated with the use of illicit drugs and alcohol, symptoms, high level aminotransferases previous to HAART and NNRTI + PI. 3% of hepatotoxicity was severe.

Conclusion: 44% of HIV patients experienced hepatotoxicity, 75% in coinfected vs 25% in no coinfected. The relative risk of hepatoxocity was almost 4 times higher among in chronic hepatitis coinfected patients, compared with those with HIV non-coinfected.

In multivariate analysis, the risk factors were illicit drugs, alcohol, symptoms, high level aminotransferases and NRTI + PI. Only 3% of hepatotoxicity was severe. The Benichou's Score is better than level of aminotransferase for evaluated hepatotoxicity, so it would recommended for use in clinical practice.

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